

**Office of  
Health Care  
Information Systems**

**Public Use Files Catalog**  
as of  
**January 1, 1996**  
**Medicare/Medicaid Data Files**

**U.S. Department of Health and Human Services  
Health Care Financing Administration  
Bureau of Data Management and Strategy**

# Catalog Sections

July 1, 1996

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

***SECTION I***

**AVAILABILITY OF**

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## NOTICE TO PUBLIC USE FILE CLIENTS

The Health Care Financing Administration (HCFA) is now offering some public use data files at no charge via the Internet.

The HCFA Website, like others on the World Wide Web, is dynamic and subject to many influences. URLs (Uniform Resource Locators), Menus and Information can change daily.

**HCFA HOME PAGE ADDRESS are accessible from: <URL:<http://www.hcfa.gov>>**

- **Picture of New Headquarters**
- **HCFA's Mission Statement**
- **HCFA's Vision**
- **MEDICARE and MEDICAID Overview**
- **HCFA Central Office Phone Directory**
- **Health Care Financing News**
  - Press Releases
  - Announcements
  - Speeches
- **The MEDICARE Program**
  - The MEDICARE 1995 Handbook
  - 1995 GUIDE to Health Insurance for People with MEDICARE
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  - MEDICARE Q&A's - 85 Commonly Asked Questions
- **The MEDICAID Program**
  - Overview of the MEDICAID Program
  - MEDICAID-MEDICARE Relationship
  - MEDICAID Contacts
  - MEDICAID Data Publications
  - MEDICAID Data Sources
  - The HCFA 2082 Report
  - The HCFA 64 Report
- **Statistics, Data Rates, and Reports (Public Use Files)**
- **HCFA's Regulations, Laws, and Manuals**
- **HCFA's Research and Demonstration Initiatives**
  - New and Pending Demonstration Proposals
  - Grant/Contract Solicitations
  - Announcement of Grant Awards
  - Health Care Financing Review
- **HCFA's Five Year FY 1996-2000**
  - Information Resources Management (IRM) Plan

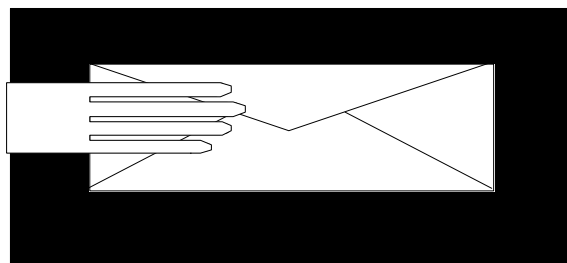
**PUBLIC USE FILES are accessible from: <URL:<http://www.hcfa.gov/stats/stat.html>>**

WHENEVER POSSIBLE, YOU ARE ENCOURAGED TO OBTAIN YOUR DISKETTE DATA FILE(S) FROM THE INTERNET.

Prior years data files not listed on the HCFA Website are available at a cost.

*SECTION II*

**GENERAL INSTRUCTIONS  
FOR ORDERING  
PUBLIC USE FILES**



## GENERAL INSTRUCTIONS AND ORDERING INFORMATION

July 1, 1996

### 1. Standard Output Specifications:

#### a. Tape

1. Recording Mode - - - - - EBCDIC
2. Tape Labeling - - - - - IBM Standard
3. Density - - - - - (a) 6250 BPI or  
- - - - - (b) IBM 3480 Cartridge

#### b. Diskette 3 1/2"

1. ASCII
2. High Density

### 2. Method of Payment (All monies must be drawn on a U.S. bank):

- a. Payments must accompany requests (No credit card payments). Make company check or money order payable to:

**Health Care Financing Administration-PUF**  
**or**  
**HCFA-PUF**

- b. Electronic Transmitted Payment

1. U.S. Federal Government Agencies need Agency Location Code
2. U.S. Banks only (Accounting Office - 410-786-5428).

- c. **Effective as of January 1, 1993, Purchase Orders require prepayment.**

- d. Money will be returned if orders are sent more than 30 days before the stated availability of file.

### 3. Public Use Files Inquiries:

Electronic Mailbox - PUFs@hcfa.gov

**PRICES EFFECTIVE UNTIL JULY 1, 1997**  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

## GENERAL INSTRUCTIONS AND ORDERING INFORMATION

July 1, 1996

### 4. MAILING INSTRUCTIONS:

#### a. Regular Mailing Address\*:

Health Care Financing Administration  
Public Use Files  
Accounting Division

P. O. Box 7520  
Baltimore, Maryland 21207-0520

**b. Express Mailing Address\*:**

Health Care Financing Administration  
BDMS - Public Use Files  
7500 Security Boulevard - N3-11-14  
Baltimore, Maryland 21244-1850

\*Address must be written in its entirety.

Request must include name and telephone # of contact person.

(Allow 2-4 weeks for delivery depending on Volume of PUF orders received)

**5. Magnetic Media Return Policy:**

HCFA will honor written requests for replacement files within **60 days** of the shipment date provided the files are returned with an explanation of the problem.

Return Address:

HCFA/Data Release Area  
Tape Library-PUF  
7500 Security Boulevard - N1-26-11  
Baltimore, Maryland 21244-1850

**6. Reproducing Public Use Files Documentation:**

If you reprint this package in whole or in part as an insertion to an article for distribution, notify:

Health Care Financing Administration  
Bureau of Data Management and Strategy  
Office of Health Care Information Systems  
Public Use Files - Publication Release  
7500 Security Boulevard - N3-14-11  
Baltimore, Maryland 21244-1850

**PRICES EFFECTIVE UNTIL JULY 1, 1997**  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
(This form is not to be used as a Data Release Form)

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**PUBLIC USE FILES ORDER FORM**

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Date: \_\_\_\_\_

Health Care Financing Administration  
Public Use Files  
Accounting Division  
P.O. Box 7520  
Baltimore, Maryland 21207-0520



## Data Quality Issues

(410) 786-3691

### PURCHASE REQUEST

### COST

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

TOTAL

### COMPANY CHECK/MONEY ORDER AMOUNT:

(No Personal Checks. All checks must be drawn on an American bank.)

### AGENCY LOCATION CODE (U.S. Federal Government)

### OUTPUT SPECIFICATIONS: (See File Descriptions and Prices)

1. Tape (6250 BPI) \_\_\_\_\_
2. Cartridge \_\_\_\_\_
3. Diskette \_\_\_\_\_

EXPRESS MAILING COMPANY NAME: \_\_\_\_\_

EXPRESS MAILING ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY/ORGANIZATION  
: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY/STATE/ZIPCODE: \_\_\_\_\_

PHONE  
NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Allow 2-4 weeks for delivery.

This form can be reproduced for additional orders.

PUF-3 Rev (7/96)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Complete the following form and either:**

Mail to: QAB Branch Chief

or Fax to: 410-786-

1783

HCFA/BDMS/OSM/DDS/QUB

attn:





OSM/DDS/QAB

N2-14-17 North Building  
7500 Security Boulevard  
Baltimore, MD 21244

Date: \_\_\_\_\_

Contact Name

Phone

Organizational Component

_____	_____	_____
_____	_____	_____

Describe issue (include how issue was discovered, run date, creation date, etc.):

_____
_____
_____
_____
_____
_____
_____
_____
_____

System and/or files affected (including years): \_\_\_\_\_

_____
_____

Data elements or fields affected:

Any action taken to resolve issue? If so, please describe:

_____
_____

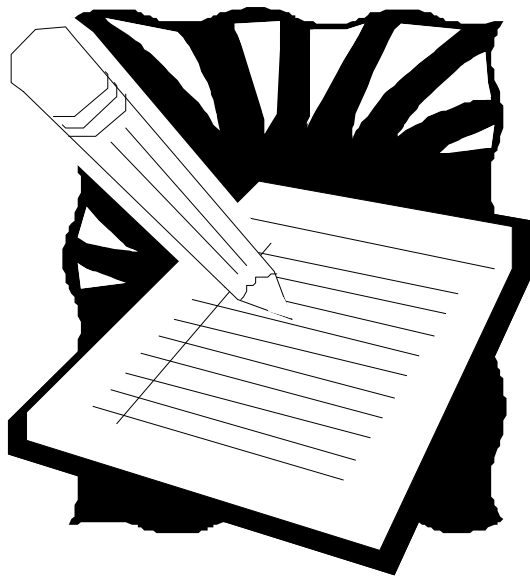
Attachments?: Yes ☐ No ☐ - If yes, please describe:

Additional Remarks:

_____
_____
_____

*SECTION III*

**DATA RELEASE FORMS**





## **INSTRUCTIONS FOR COMPLETING THE AGREEMENT FOR RELEASE OF HEALTH CARE FINANCING ADMINISTRATION (HCFA) PUBLIC USE FILES**

This agreement must be completed prior to the release of specified data files as described in the Public Use Files Catalog. The files requiring the completion of this agreement have a statement to that effect as part of the file description.

This agreement, if required for specified data files, should be completed and submitted with your Public Use Files Order Form and Payment. Directions for the completion of the agreement follow:

- Enter the specific names of the files being requested in the column headed "Filenames." The corresponding years(s) for those files should be entered on the appropriate line in the column headed "Years;"
- The individual requesting the data should enter his/her name in the space after the word "I." The company or organization name, address and phone number (including area code) should be entered after the word "representing;"
- The first line on the signature page should contain the typed or printed name and title of the requestor;
- The second line should contain the signature of the requestor and the date the agreement was signed. This signature indicates that the requestor has read and agrees to the conditions outlined in the agreement;
- The third line should contain the typed or printed name of the custodian of the files, if this is a different individual from the requestor. The custodian of the files is defined as that person who has actual possession of, and responsibility for, the data files. If the custodian of the files is the requestor, lines 3 and 4 should be left blank;
- The fourth line should contain the signature of the custodian if the custodian is different from the requestor and the date the agreement was signed.
- Lines 5 and 6 will be completed by HCFA.



---

**AGREEMENT FOR RELEASE OF  
HEALTH CARE FINANCING ADMINISTRATION (HCFA) PUBLIC USE FILES**

This agreement pertains to the release of the following HCFA data:

<u>Filename(s)</u>	<u>Year(s)</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

I, 

---

, representing  
(Requestor Name - - First and Last)

---

  
(Company/Organization)

---

  
(Street Address)

---

  
(City, State, and ZIP Code)

---

  
(Phone Number - - Including Area Code)

---

  
ORD# (if applicable)

agree to observe the following conditions for use of the file(s) released to me or the data derived from such files(s).

- A. The Recipient shall make no attempt to identify any specific individual whose record is included in the file(s). No attempt will be made to unencrypt any person-level data in the file(s).
- B. Without written approval from HCFA, the Recipient shall neither convey the records or any copy thereof, nor disclose any raw data therefrom, to any other person except to contractors for purposes of data processing or storage. The Recipient shall require any such contractor to agree not to release any information from the records and not to retain any copy of the data after performing the service provided for in the contract.
- C. Absent express written authorization from HCFA, the Recipient shall make no attempt to link records included in the file(s) to any other beneficiary-specific source of information. This includes attempts to link to other HCFA Public Use Files.
- D. The Recipient shall neither publish nor release any information that is derived from the file(s) and that could reasonably be expected to permit deduction of a beneficiary's identity.

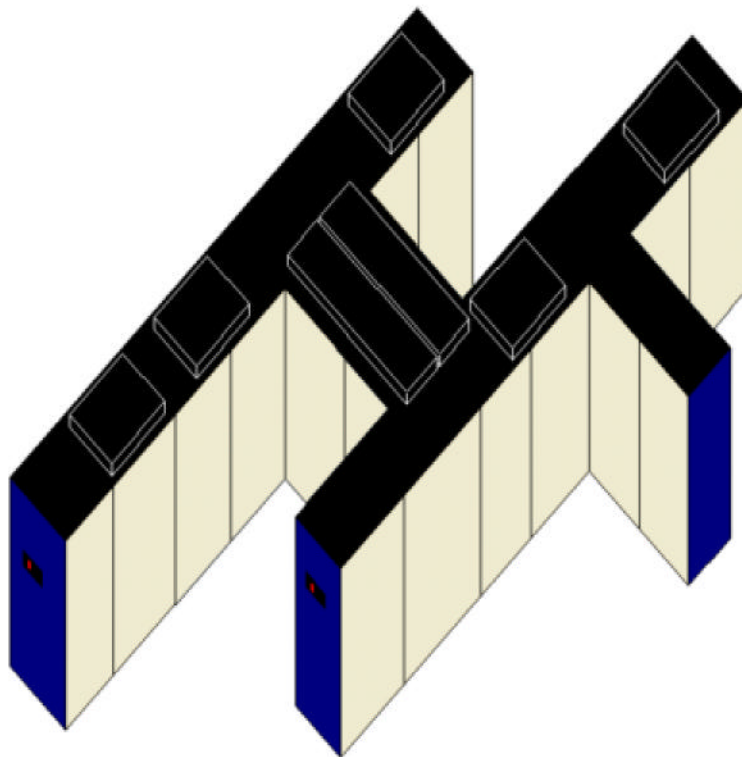


- E. Appropriate administrative, technical, procedural, and physical safeguards shall be established by the Recipient to protect the confidentiality of the data and to prevent unauthorized access to it. The safeguards shall provide a level of security that is at least comparable to the level of security referred to in OMB Circular No. A-130, Appendix III -- Security of Federal Automated Information Systems, which sets forth guidelines for security plans for automated information systems in Federal agencies.
- F. For each file, the Recipient shall pay the standard fee established by HCFA.
- G. In the event the Recipient makes any unauthorized disclosure of these data, HCFA may impose any or all of the following measures: (1) request a formal response to an allegation of an unauthorized disclosure, (2) require the submission of a corrective action plan formulated to implement steps to be taken to alleviate the possibility of any future unauthorized disclosure; (3) require the return of the data; and/or (4) sanction against further release of HCFA data to the organization/recipient in question.
- H. The Recipient acknowledges that criminal penalties under section 1106 (a) of the Social Security Act (42 USC 1306 (a)), including possible imprisonment, may apply with respect to any disclosure of information in the file(s) that is inconsistent with the terms of the agreement. The Recipient further acknowledges that criminal penalties under the Privacy Act (5 USC 552a(I) (3)) may apply if it is determined that the Recipient, or any individual employed or affiliated therewith, knowingly and willfully obtained the files(s) under false pretenses.

1. \_\_\_\_\_  
(Requestor name and title - -typed or printed)
2. \_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)
3. \_\_\_\_\_  
(Typed or printed name of custodian of files, if different)
4. \_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)
5. \_\_\_\_\_  
(Typed or printed name/agency/telephone number of Federal representative)
6. \_\_\_\_\_  
(Signature)

*SECTION IV*  
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**PUBLIC USE FILES**  
**FOR**  
**MAINFRAME USERS**



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## DATA FILES FOR MAINFRAME USERS ONLY

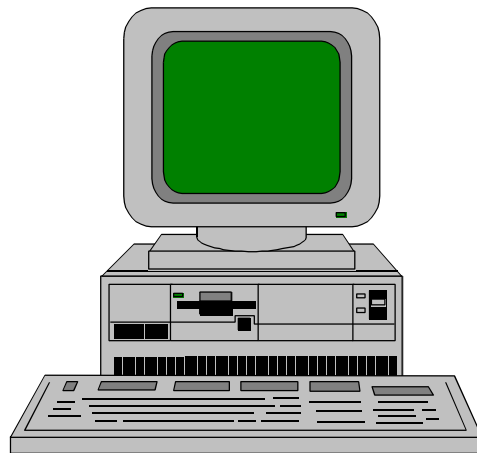
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*SECTION VI*

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**



**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

1

July 1, 1996

<b>STANDARD ANALYTICAL FILES</b>
----------------------------------

These files are available by type of claim or collectively as a group. The 5% sample is created based on selecting records with 05, 20, 45, 70 or 95 in position 8 and 9 of the Health Insurance Claim (HIC) number. Provider numbers and beneficiary claim numbers are encrypted in the 5% files to protect the privacy of individuals.

These files contain final action adjustments resolved claims and are created annually in July for the prior calendar service year. (This 18-month window captures 98% of the claims.)

In the 100% file, the provider number is encrypted and the beneficiary claim number is blocked out.

	5% File	100% Files	Beneficiary State of Residence Files 100% Files
--Phys/Supplier Part B***	\$4,725.00	n/a*	\$4,700.00**
--Outpatient***	\$3,150.00	\$18,150.00	\$6,000.00
--Inpatient	\$2,625.00	\$12,100.00	\$4,000.00
--Home Hlth Agency	\$2,100.00	\$6,050.00	\$2,000.00
--Hospice	\$2,100.00	\$6,050.00	\$2,000.00
--SNF	<u>\$1,050.00</u>	<u>\$2,750.00</u>	<u>\$1,000.00</u>
Totals	\$15,750.00	\$45,100.00	\$19,700.00

These prices are for each yearly file. Also, both the Physician/Supplier Part B and the Total 5% file are available only for the years 1991 and 1992 through 1995. All other files are available for the years 1989 through 1995. Physician/Supplier 5% Sample data for calendar years 1988 through 1990 are available on the Beneficiary File described on page 1.

**SIGNED DATA RELEASE AGREEMENT REQUIRED.**

Media:                      Tape/Cartridge  
                                    File cost is per year

\* n/a-100% Physician-Supplier file not provided due to file size  
\*\*5% Physician/Supplier Part B File  
\*\*\*See Section VII: Copyright

[Calendar year 1995 files will be available after September 1996.]

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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<b>EXPANDED MODIFIED MEDPAR-HOSPITAL (NATIONAL)</b>
---

The Medicare Provider Analysis and Review (MEDPAR) file contains records for 100% of Medicare beneficiaries who use hospital inpatient services.\* The records are stripped of most data elements that will permit identification of beneficiaries. The hospital is identified by the six position Medicare billing number. The file is available to persons qualifying under the terms of the Routine Use Act as outlined in the December 24, 1984 Federal Register and amended by the July 2, 1985 notice. The national file consists of approximately 11 million records.

**SIGNED DATA RELEASE AGREEMENT REQUIRED.**

Two versions of this file are created each year and support the following items:

1. Notice of Proposed Ruling (NPRM) published in the Federal Register, usually available by the end of May. This file is derived from the MEDPAR file with a cutoff of three months after the end of the fiscal year (December file).
2. Final Rule published in the Federal Register and usually available by the first week of September. This file is derived from the MEDPAR file with a cutoff of nine months after the end of the fiscal year (June file).

\*The file is a federal fiscal year which specifies discharges occurring October 1 through September 30.

Media:	Tape/Cartridge
File Cost:	\$3,415.00 per year
Periods Available:	FY 1988 through FY 1995

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

3

July 1, 1996

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<b>EXPANDED MODIFIED MEDPAR-HOSPITAL (STATE)</b>
--

\* Expanded Modified MEDPAR-Hospital extracted by State or Beneficiary Residence

The Medicare Provider Analysis and Review (MEDPAR) file contains records for 100% of Medicare beneficiaries who use hospital inpatient services. The records are stripped of most data elements that will permit identification of beneficiaries. The hospital is identified by the six position Medicare billing number. The file is available to persons qualifying under the terms of the Routine Use Act as outlined in the December 24, 1984 Federal Register and amended by the July 2, 1985 notice. This is a subset of the Expanded Modified MEDPAR-Hospital (National as described on page 2).

SIGNED DATA RELEASE AGREEMENT REQUIRED.

Two versions of this file are created each year and support the following items:

1. Notice of Proposed Ruling (NPRM) published in the Federal Register and usually available by the end of May. This file is derived from the MEDPAR file with a cutoff of three months after the end of fiscal year (December file).
2. Final Rule published in the Federal Register and usually available by the first week of September. This file is derived from the MEDPAR file with a cutoff of nine months after the end of the fiscal year (June file).

Media:	Tape/Cartridge
File Cost:	\$1,050.00 per State per year
Periods Available:	FY 1988 through FY 1995

<b>EXPANDED MODIFIED MEDPAR-SKILLED NURSING FACILITY</b>
--

This file is stripped of most data elements that will permit identification of beneficiaries. The Skilled Nursing Facility (SNF) is identified by the six position Medicare billing number. The file contains records for 100% of Medicare beneficiaries who use SNF services. The file is available to persons qualifying under the terms of the Routine Use Act as outlined in the December 24, 1984 Federal Register and amended by the July 2, 1985 notice.

SIGNED RELEASE AGREEMENT REQUIRED.

Media:	Tape/Cartridge
File Cost:	\$715.00 per year
Periods Available:	FY 1990, FY 1991, and FY 1995

Final Rule published in the Federal Register and usually available by the first week of September. This file is derived from the MEDPAR file with a cutoff of nine months after the end of the fiscal year (June file).

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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<b>PHYSICIAN SAMPLE FILE (FORMERLY: BMAD PROVIDER FILE)</b>
---

This file contains detailed line item information from claims submitted by physician/suppliers. Provider numbers and beneficiary claim numbers have been encrypted to protect the privacy of individuals.

SIGNED DATA RELEASE AGREEMENT REQUIRED.

Media:	Tape/Cartridge
File Cost:	\$3,535.00 per year
Periods Available:	CY 1991 through CY 1994

<b>HOSPITAL SERVICE AREA FILE</b>
-----------------------------------

This file is derived from the calendar year inpatient claims data. The records contain numbers of discharges, length of stay, and total charges summarized by provider number and ZIP code of the Medicare beneficiary.

Media:	Tape/Cartridge
File Cost:	\$715.00 per year
Periods Available:	CY 1986 through CY 1995

<b>PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER FILE (FORMERLY: PART B PROCEDURE FILE)</b>
---

This file provides an array of every Part B procedure and shows the related frequency and submitted and allowed charges for services processed by carriers.

Media:	Tape/Cartridge
File Cost:	\$1,885.00 per year
Periods Available:	CY 1989 through CY 1995

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

5

July 1, 1996

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**ENROLLMENT**

<b>ANNUAL COUNTY ENROLLMENT FILE</b>
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This file is derived from the Enrollment Data Base (EDB) and contains aged enrollment data by age, race, and sex for county within State as well as data on census region, region and division codes, and county names. The file is produced in April and reflects enrollment as of July 1 of the previous year. The file has been edited for conformance with Privacy Act provisions.

Media:	Tape/Cartridge
File Cost:	\$500.00 per year
Periods Available:	1987 through 1994

<b>ANNUAL ZIP CODE ENROLLMENT FILE</b>
--

This file is derived from the Enrollment Data Base (EDB) and contains aged and disabled enrollment data by age, race, and sex within ZIP code. The file is produced in April and reflects enrollment as of July 1 of the previous year. The file has been edited for conformance with Privacy Act provisions.

Media:	Tape/Cartridge
File Cost:	\$500.00 per year
Periods Available	1987, 1988, 1992 through 1994



**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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**PROVIDERS**

<b>ESRD RENAL FACILITY SURVEY FILE</b>
--

The End Stage Renal Disease (ESRD) Renal Facility Survey data are collected annually by HCFA from all facilities certified to provide Medicare-covered renal dialysis and transplantation. The survey, which includes the entire United States, uses Form HCFA 2744 and encompasses the full calendar year. Geographical data are included to the level of ZIP code for the facility. Each record contains facility information and information on the number of patients served, the number of dialysis treatments provided, and the number of kidney transplants performed. The data includes services to both Medicare and non-Medicare patients.

Media:	Diskette
File Cost:	\$245.00 per year
Periods Available	CY 1987 through CY 1994

<b>ESRD RENAL PROVIDER FILE</b>
---------------------------------

The End Stage Renal Disease (ESRD) Renal Provider File contains Medicare approvers who furnish kidney dialysis and/or kidney transplant services. It includes the location of the providers and the range of renal services available at those providers.

Media:	Diskette
File Cost:	\$145.00
Periods Available	January 1996 Update

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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July 1, 1996

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<b>PROVIDER OF SERVICES</b>
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The Provider of Services (POS) Extract is created from the Online Survey and Certification and Reporting System (OSCAR) data base. These data include provider number, name, and address and characterize the participating institutional providers. The data are collected through the HCFA regional offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly.

Media:	Tape/Cartridge
File Cost:	\$715.00 per year
Periods Available:	CY 1991 through CY 1995 (Quarterly updates are available for the current year only.)

File Categories

1. Hospital
2. SNF/NF (dually)
3. SNF/NF (district)
4. Skilled Nursing Facilities (SNF)
5. Home Health Agencies (HHA)
6. Medicare Laboratories
7. Portable X-Rays
8. Physical Therapy/Speech Pathology
9. ESRD
10. Nursing Facilities
11. Intermediate Care Facility - Mentally Retarded
12. Rural Health Clinic
13. Physical Therapy - Independent Practice
14. Comprehensive Outpatient Rehab Facilities
15. Ambulatory Surgical Centers
16. Hospices
17. Organ Procurement Organization
18. CLIA67 Laboratories
19. Community Mental Health Centers
20. Screen Mammography
21. Federally Qualified Health Centers

<b>PROVIDER OF SERVICES LISTING</b>
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The listing contains the hospital Medicare provider number, facility name, address, city and State, and ZIP code.

Media:	Diskette
File Cost:	\$265.00 per year

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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**COST LIMITS**

**MEDICARE HHA CYCLE 10 DATA SET**

This file contains cost, statistical, and other data used in establishing the Home Health Agency (HHA) Cost Limits for fiscal periods beginning on or after July 1, 1992. The cost and statistical data were obtained from Medicare HHA cost reports (Forms HCFA 1828-86) and the Health Care Report Information System (HCRIS) for cost reporting periods ending on or after October 31, 1987 and before September 30, 1988. This file also contains the applicable 1982 and 1988 hospital-blended wage index and HHA Market Basket Adjustment Factor.

Media: Tape/Cartridge  
File Cost: \$715.00

**MEDICARE HHA CYCLE 11 DATA SET DISKETTE**

This file contains cost, statistical, and other data used in establishing the Home Health Agency (HHA) Cost Limits for fiscal periods beginning after July 1, 1993. The cost and statistical data were obtained from Medicare HHA cost reports (Forms HCFA 1728-86) and the Health Care Report Information System (HCRIS) for cost reporting periods ending on or after June 30, 1990 and before May 31, 1991. This file also contains the applicable 1988 hospital wage index and HHA Market Basket Adjustment Factor.

Media: Diskette  
File Cost: \$265.00

**MEDICARE HHA CYCLE 12 DATA SET**

This file contains cost, statistical and other data used in establishing the Home Health Agency (HHA) Cost Limits for fiscal periods beginning after July 1, 1996. The cost and statistical data were obtained from Free Standing Medicare HHA cost reports (Forms 1728-86 and 1728-94) for full cost reporting periods "Beginning" on "or after May 31, 1991 - and - which had "Settlement" dates of October 10, 1995 or earlier. This file also contains the applicable 1992 hospital wage index and HHA Market Basket Adjustment Factor.

Media: Diskette  
File Cost: \$265.00

**MEDICARE SNF CYCLE 10 DATA SET**

The file contains cost, statistical, and other data used in establishing the Skilled Nursing Facility (SNF) Cost Limits and Low Medicare Volume Prospective Payment Rates for fiscal periods beginning on or after October 1, 1989. The cost and statistical data were obtained from Medicare SNF cost reports (Forms HCFA 2540-86 and HCFA 2540-87) and the Health Care Report Information System (HCRIS) for cost reporting periods ending January 31, 1988 through December 31, 1988. This file also contains the applicable 1984 hospital wage index and SNF Market Basket Adjustment Factor.

Media: Tape/Cartridge  
File Cost: \$715.00

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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July 1, 1996

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**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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<b>MEDICARE SNF CYCLE 11 DATA SET</b>
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The file contains cost, statistical, and other data used in establishing the Skilled Nursing Facility (SNF) Cost Limits and Low Medicare Volume Prospective Payment Rates for fiscal periods beginning on or after October 1, 1992. The cost and statistical data were obtained from Medicare SNF cost reports (Forms HCFA 2540-86 and HCFA 254-87) and the Health Care Report Information System (HCRIS) for cost reporting periods ending June 2, 1988 through September 29, 1989. This file also contains the applicable 1984 hospital wage index and SNF Market Basket Adjustment Factor.

Media:	Tape/Cartridge
File Cost:	\$715.00

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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July 1, 1996

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**COST REPORTS-INPATIENT**

<b>PPS IV-XII MINIMUM DATA SETS</b>
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The minimum Data set contains cost, statistical, financial, and other data from the Medicare Hospital Cost Report. The dataset includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary to HCFA. This dataset is updated at the end of each calendar quarter and is available on the last day of the following month.

Media:	Tape/Cartridge	Periods beginning on or after	and before
	PPS IV	10/01/86	10/01/87
	PPS V	10/01/87	10/01/88
	PPS VI	10/01/88	10/01/89
	PPS VII	10/01/89	10/01/90
	PPS VIII	10/01/90	10/01/91
	PPS IX	10/01/91	10/01/92
	PPS X	10/01/92	10/01/92
	PPS XI	10/01/93	10/01/94
	PPS XII	10/01/94	10/01/95 (Projected availability - 12/96)

File Cost:     \$715.00 per year

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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**COST REPORTS-CAPITAL**

<b>PPS IX-XII CAPITAL DATA SET</b>
------------------------------------

The Capital Data set contains selected data for capital-related costs, interest expense and related information, and complete balance sheet data from the Medicare Hospital Cost Report. The dataset includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary of HCFA. This dataset is updated at the end of each calendar quarter and is available on the last day of the following month.

Media:	Tape/Cartridge	Periods beginning on or after	and before
	PPS IX	10/01/91	10/01/92
	PPS X	10/01/92	10/01/93
	PPS XI	10/01/93	10/01/94
	PPS XII	10/01/94	10/0195 (Projected availability - 12/96)
File Cost:	\$715.00 per year		

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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July 1, 1996

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**COST REPORTS-SKILLED NURSING FACILITY**

<b>SKILLED NURSING FACILITY MINIMUM DATA SET</b>
--

The Skilled Nursing Facility (SNF) Minimum Data set contains cost, statistical, financial and other data from the Medicare SNF Cost Report and Hospital-Based SNF Cost Report. The dataset includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified SNF by the Medicare Fiscal Intermediary to HCFA. This dataset is updated at the close of each calendar quarter and is available on the last day of the following month.

Media:	Tape Cartridge	Periods beginning on or after	and before
	SNF YEAR 1	10/01/88	10/01/89
	SNF YEAR 2	10/01/89	10/01/90
	SNF YEAR 3	10/01/90	10/01/91
	SNF YEAR 4	10/01/91	10/01/92
	SNF YEAR 5	10/01/92	10/01/93
	SNF YEAR 6	10/01/93	10/01/94
	SNF YEAR 7	10/01/94	10/01/95 (Projected availability - 12/96)
File Cost:	\$715.00 per year		



**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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**COST REPORTS - HOSPITAL COST REPORT SYSTEMS MASTER FILE**

<b>HOSPITAL COST REPORT SYSTEMS MASTER FILE</b>
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The Hospital Cost Report master file contains one copy of each version (as submitted, settled, reopened) of each HCFA-2552-92 cost report filed with HCFA. The data includes each line item originally included in the cost extract that is created for HCFA by the Medicare Fiscal intermediary that services the period beginning date on the file is 10/01/91 and the latest fiscal period ending data will be 09/29/96. The file is updated as cost reports are received at HCFA.

Media:	Tape Cartridge
File Cost:	\$1,000.00

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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**COST REPORTS - PPS EXEMPT UNITS**

<b>PPS - EXEMPT UNITS</b>
---------------------------

The Exempt Hospitals and Excluded Units file contains cost, statistical and ancillary charges data for hospitals and subproviders of hospitals that are exempt from the Prospective Payment System. The dataset includes only the most precise version of the cost report filed with HCFA. The dataset is normally updated quarterly and is available on the last day of the month following quarter end.

Media:                      Diskette (ASCII and PKZIP compressed)  
File Cost:                 \$265.00

	Periods beginning on or after	and before
PPS-IX	10/01/91	10/01/92
PPS-X	10/01/92	10/01/93
PPS-XI	10/01/93	10/01/94
PPS-XII	10/01/94	10/01/95 (Projected availability - 10/96)

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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**COST REPORTS - RENAL DIALYSIS FACILITIES**

<b>RENAL DIALYSIS FACILITIES</b>
----------------------------------

The Renal Dialysis Facilities Cost Report Extract contains cost and statistical data for free-standing and hospital based renal dialysis providers. The data is held in two separate files on each diskette. The dataset includes only the most precise version of each cost report filed with HCFA. The dataset is normally updated quarterly and is available on the last day of the month following quarter end.

Media:	Diskette (ASCII or PKZIP compressed)
File Cost:	\$265.00
Period Available:	1993 through 1995 (For calendar year 1995, hospital based cost report data will not be available until 10/01/96).

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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**COST REPORTS - WORKSHEET A DATA SET**

<b>WORKSHEET A DATA SET</b>
-----------------------------

The Worksheet A file contains the extract of the trial balance portion of HCFA-2552-92 Hospital Cost Reports. The dataset includes only the most precise version of the cost report file with HCFA. The dataset is normally updated quarterly and is available on the last day of the month following quarter end.

Media:                      Tape/Cartridge  
File Cost:                 \$715.00

	Periods beginning on or after	and before
PPS-IX	10/01/91	10/01/92
PPS-X	10/01/92	10/01/93
PPS-XI	10/01/93	10/01/94
PPS-XII	10/01/94	10/01/95 (Projected availability - 10/96)

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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**COST REPORTS-OUTPATIENT**

<b>PPS IX-XII MEDICARE PART B DATA SET</b>
--

This file contains Part B Medicare cost and charges by cost center from the Medicare Hospital Cost Report. The dataset includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary to HCFA. This dataset is updated at the end of each calendar quarter and is available on the last day of the following month.

Media:	Tape/Cartridge	Periods beginning on or after	and before
	PPS IX	10/01/91	10/01/92
	PPS X	10/01/92	10/01/93
	PPS XI	10/01/93	10/01/94
	PPS XII	10/01/94	10/01/95 (Projected availability - 12/96)

File Cost:      \$715.00 per year

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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July 1, 1996

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**PAYMENT RATES-INSTITUTIONAL PROVIDERS**

<b>HCFA WAGE DATA</b>
-----------------------

The hospital hours and salaries for 1988 used to create the wage indices used in the Medicare Hospital Prospective Payment System (PPS).

<u>Processing Year</u>	<u>Wage Data Year</u>	<u>PPS Fiscal Year</u>
96	93	97
95	92	96
94	91	95
93	90	94
92	89	93
91	88	92

Note: In years prior to processing Year 91, the wage data was referred to as 1988 wage survey data.

Media: Diskette  
File Cost: \$145.00 per year/per file  
Periods Available: FY 1996 PPS Update

<b>HCFA HOSPITAL WAGE INDICES (Formally: Urban/Rural/Hospital/Wage Indices)</b>
---

A history of all wage indices used since October 1, 1983.

Media: Diskette  
File Cost: \$145.00 per year/per file  
Periods Available: FY 1996 PPS Update

<b>PPS SSA/FIPS MSA STATE AND COUNTY CROSSWALK</b>
--

A crosswalk of state and county codes used by the Social Security Administration (SSA) and the Federal Information Processing Standards (FIPS), county name, and a historical list of Metropolitan Statistical Area (MSA).

Media: Diskette  
File Cost: \$145.00 per year/per file  
Periods Available: FY 1996 PPS Update

<b>RECLASSIFIED HOSPITAL BY PROVIDERS ONLY</b>
--

A file of hospitals that were reclassified for the purpose of assigning a new wage index. Two versions of these files are created each year and support the following items:

1. Notice of Proposed Ruling(NPRM) published in the Federal Register, usually by the end of May.
2. Final Rule published in the Federal Register, usually by the first week of September.

Media: Diskette  
File Cost: \$145.00 per year/per file  
Periods Available: FY 1997 PPS Update

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

<b>HCFA MEDICARE CASE-MIX INDEX FILE</b>
--

This file contains the Medicare case-mix index by provider number as published in each year's update of the Medicare Hospital Prospective Payment System (PPS). The case-mix index is a measure of the costliness of cases treated by a hospital relative to the cost of the national average of all Medicare Hospital cases, using Diagnosis-Related Group (DRG) weights as a measure of relative costliness of cases.

PPS FY RULES	GROUP VERSION	# DRGS	MEDPAR DATA YEAR		PUBLISH DATES		
			NPRM UPDATE	FY	FINAL UPDATE	NPRM	FINAL
FY89	6.0	477	12/87	87	6/88	5/88	9/88
FY90	7.0	477	12/88	88	6/89	5/89	9/89
FY91	8.0	490	12/89	89	6/90	5/90	9/90
FY92	9.0	492	12/90	90	6/91	5/91	9/91
FY93	10.0	494	12/91	91	6/92	5/92	9/92
FY94	11.0	495	12/92	92	6/93	5/93	9/93
FY95	12.0	495	12/93	93	6/94	5/94	9/94
FY96	13.0	495	12/94	94	6/95	5/95	9/95

Two versions of this file are created each year and support the following items:

1. Notice of Proposed Ruling (NPRM) published in the Federal Register, usually by the end of May.
2. Final Rule published in the Federal Register, usually by the first week of September.

Media:	Diskette
File Cost:	\$145.00 per year
Periods Available:	FY 1985 through FY 1997

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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<b>ICD-9-CM VERSION 14.0 FILE</b>
-----------------------------------

This diskette includes the following files and a corresponding abbreviated narrative description of each file.

- a. Major Diagnostic Category (MDC)
- b. Diagnostic Related Group (DRG)
- c. ICD-9-CM Diagnostic Code
- d. ICD-9-CM Procedure Code

These files are updated after the publication of the Final Rule in the Federal Register.

Media:	Diskette
File Cost:	\$145.00
Periods Available:	FY 1997 PPS Update

<b>FY 1997 PPS PAYMENT IMPACT FILE</b>
--

This file contains data used to estimate FY 1997 payments under Medicare's Prospective Payment System (PPS) for capital costs. The data are taken from various sources, including the Provider Specific file, the PPS-X and PPS-XI Minimum Data sets, and prior impact files. The dataset is abstracted from an internal file used for the impact analysis of the changes to PPS published in the Federal Register. This file is available for release one month after the Final Rule is published in the Federal Register, usually during the first week of September.

Media:	Diskette
File Cost:	\$145.00
Periods Available:	FY 1997 PPS Update



**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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<b>PPS STANDARDIZING FILE</b>
-------------------------------

This file contains information that standardizes the charges used to calculate relative weights to determine payments under PPS. Variables include wage index, Cost of Living Adjustment (COLA) case mix index, disproportionate share, and the Metropolitan Statistical Area (MSA). A new file is created for both the Notice of Proposed Ruling (NPRM) and the Final Rule. The records are in provider number sequence; it is possible to have missing values in some records.

Media:	Diskette
File Cost:	\$145.00
Periods Available:	PPS Update 1997

Two versions of this file are created each year and support the following items:

1. Notice of Proposed Ruling (NPRM) published in the Federal Register by the end of May.
2. Final Rule published in the Federal Register, usually by the first week of September.

<b>PROVIDER SPECIFIC FILE</b>
-------------------------------

This file is a component of the PRICER program used in the Fiscal Intermediary's (FI) system to compute individual Diagnosis Related Group (DRG) payments. The file contains records for all Prospective Payment System (PPS)-eligible hospitals, including hospitals in waiver States and data elements used in the PPS recalibration processes and related PPS activities.

Media:	Diskette
File Cost:	\$265.00 per year
Periods Available	PPS Update 1997

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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<b>AOR/BOR TABLES</b>
-----------------------

This diskette contains data used to develop the Diagnosis Related Group (DRG) relative weights. It contains mean, maximum, minimum, standard deviation, and co-efficient of variations statistics by DRG for length of stay and standardized charges. The BOR tables are "Before Outliers Removed" and the AOR is "After Outliers Removed". (Statistical outliers, not payment outliers.)

The following are the two versions of this file as published in the Federal Register:

1. Notice of Proposed Ruling (NPRM) usually published by the end of May.
2. Final Rule usually published by the first week of September.

Media:	Diskette
File Cost:	\$145.00
Periods Available	FY 1997 PPS Update

<b>DRGs RELATIVE WEIGHTS (Formally: Table 5 - DRGs)</b>
---

This file is a listing of DRG's narrative description, relative weight, geometric mean, length of stay, and day outlier trim points. This table is published in the Federal Register as part of the Prospective Payment System Notice of Proposed Rule Making and the Final Notice.

Media:	Diskette
File Cost:	\$145.00
Periods Available:	FY 1997 PPS Update

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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**PAYMENT RATES-NON-INSTITUTIONAL PROVIDERS**

<b>AMBULATORY SURGICAL CENTER BASE ELIGIBILITY FILE</b>
---

The Ambulatory Surgical Center (ASC) Base Eligibility file contains Current Procedural Terminology (CPT) codes of all surgical codes, range 10040 through 69999. It contains current ASC eligibility and payment group levels. Included are the initial date of ASC eligibility and effective date of current ASC eligibility. Historical data are not available with this file.

Media:	Diskette
File Cost:	\$75.00
Periods Available:	CY 1997

**See Section VIII: Copyright**

<b>ANNUAL PHYSICIAN FEE SCHEDULE TRANSITION-NATIONAL</b>
--

This file has been renamed the Annual Physician Fee Schedule Payment Amount File -- National. This file contains one record for each unique combination of carrier, locality, procedure, and certain modifiers. Additionally, the file contains the Relative Value Units (RVUs) associated with the service and the Geographic Practice Cost Indices (GPCIs) associated with each locality. This file is available after publication in the Federal Register, usually in late November. The current year file will be updated periodically to incorporate mid-year changes. Updated files will be available on April 1, July 1, and October 1. Files purchased after January 1 will contain pricing data for carrier-priced services for the prior year. Files for the years 1992-1995 contain transition and full fee amounts. Files for the year 1996 forward contain only the full fee amounts because the transition period has ended.

Media	Tape/Cartridge
File Cost:	\$1,155.00 per year
Periods Available:	CY 1992 through CY 1995

**See Section VII: Copyright**

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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July 1, 1996

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<b>ANNUAL PHYSICIAN FEE SCHEDULE TRANSITION-CARRIER</b>
---

This file has been renamed the Annual Physician Fee Schedule Payment Amount File -- Carrier. This file contains locality-specific pricing amounts for services covered by the Medicare Physician Fee Schedule. The file contains one record for the unique combination of carrier, locality, procedure, and certain modifier. Additionally, the file contains the Relative Value Units (RVUs) associated with the service and the Geographic Practice Cost Indices (GPCIs) associated with the locality. This file is a subset of the Annual Physician Fee Schedule Payment Amount File -- National. This file is available after publication in the Federal Register, usually in late November. The current year file will be updated periodically to incorporate mid-year changes. Updated files will be available on April 1, July 1, and October 1. Files purchased after January 1 will contain pricing data for carrier-priced services for the prior year. Files for the years 1992-1995 contain transition and full fee amounts. Files for the year 1996 forward contain only the full fee amounts because the transition period has ended.

Media:	Tape/Cartridge
File Cost:	\$400.00 per carrier per year
Periods Available:	CY 1992 thru CY 1995

**See Section VII: Copyright**

<b>CARRIER/LOCALITY STATE &amp; COUNTY FILE</b>
---

This file contains a record for each unique combination of carrier, locality, State, and county. It contains carrier number, carrier locality code, county name, Federal Information Processing Standards (FIPS) State and county codes, Social Security Administration (SSA) State and county codes, and Metropolitan Statistical Area/Business Enterprise Area (MS/BEA) assignment. MSA/BEA assignment and carrier locality codes for the years are recorded.

Media:	Diskette
File Cost:	\$145.00

<b>CLINICAL DIAGNOSTIC LAB FEE SCHEDULE-CARRIER FILE</b>
--

This file contains the carrier-specific fee schedules and national limitation amounts for the clinical laboratory services that are covered under the clinical Diagnostic Laboratory Fee Schedule. Files for 1994 and earlier contain pricing amounts for annual new and revised codes only. Each carrier's data is contained in a separate file; a total of 55 separate files are on the diskette. For each unique combination of procedure, carrier and locality, these files contain the carrier 60% and 62% fee schedules and the 60% and 62% national limitation amounts. The locality field on these files identifies States for multi-State carriers.

Media	Diskette
File Cost:	\$265.00 per year
Periods Available:	CY 1993-CY 1994

**See Section VII: Copyright**

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

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<b>CLINICAL DIAGNOSTIC LAB FEE SCHEDULE-NATIONAL FILE</b>
---

This file contains the national limitation amounts for services covered under the Clinical Diagnostic Laboratory Fee Schedule. For each procedure, these data include the 60% and 62% national limitation amounts.

Media:	Diskette
File Cost:	\$145.00 per year
Periods Available:	CY 1993-CY1995
	(a) ASCII file or
	(b) LOTUS File

**See Section VII: Copyright**

<b>CLINICAL DIAGNOSTIC LAB FEE SCHEDULE-NATL/CARRIER</b>
--

The file contains the carrier-specific fee schedules and national limitation amounts for the clinical laboratory services that are covered under the clinical Diagnostic Laboratory Fee Schedule. The 1995 file contains pricing amounts for all clinical laboratory codes. Each carrier's data is contained in a separate file; a total of 55 separate files are on the diskette. For each unique combination of procedure, carrier, and locality, these files contain the carrier 60% and 62 % fee schedules and the 60% and 62% national limitation amounts. The locality field on these files identifies States for multi-State-carriers.

Media:	Diskette
File Cost:	\$350.00 per year
Periods Available:	CY 1996
	File is ASCII and LOTUS formats

**See Section VII: Copyright**

<b>NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE</b>
---

This file contains information on services by the Medicare Physician Fee Schedule. For more than 10,000 physician services, the file contains the associated Relative Value Units (RVUs), a fee schedule coverage indicator, and various payment policy indicators needed for payment adjustments (i.e., payment of assistant at surgery, team surgery, billable medical supplies, etc.). The file contains one record for each unique combination of procedure code and modifier. This file is available after publication in the Federal Register, usually in late November. Current year file will be updated periodically to incorporate mid-year changes. Updated files will be available on April 1, July 1, and October 1.

Media:	Diskette
File Cost:	\$355.00 per year
Periods Available:	CY 1996

**See Section VII: Copyright**

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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July 1, 1996

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**PAYMENT RATES-CAPITATION**

<b>AAPCC COUNTY RATES FILE</b>
--------------------------------

The Adjusted Average Per Capita Cost (AAPCC) methodology used to set payment rates to Health Maintenance Organizations (HMOs) adjusts for age, sex, Medicare status, and institutional status of the Medicare beneficiaries in a given county. The adjustment process hinges on the demographic factors that are developed from the current Medicare survey and upgraded periodically based on Medicare cost experience.

Media:	Diskette
File Cost:	\$145.00 per year
Periods Available:	1996 Rates

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

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**UTILITIES/MISCELLANEOUS**

<b>BERENSON-EGGERS TYPE OF SERVICE FILE</b>
---

This file contains the Berenson-Eggers Type of Service (BETOS) codes and their descriptions and the Health Care Financing Administration Common Procedure Coding System (HCPCS) procedure codes that are assigned to each of the BETOS codes. In the future, this file will contain the HCPCS modifier when it is required to make more precise BETOS code assignments.

Media:	Diskette
File Cost:	\$145.00

**See Section VII: Copyright**

<b>ICD-9-CM CONVERSION SOFTWARE/FILES</b>
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The purpose of the Electronic ICD-9-CM Diagnosis and Procedure Conversion Tables Reporting System for FY 1986-FY 1996 is to provide a systematic approach to tracking modifications to codes and/or descriptions made to ICD-9-CM each year. The system was approved by HCFA and the National Center for Health Statistics (NCHS). The system contains tables sorted and presented in different orders for easy comment on code changes. This Electronic Reporting System (ERS) is the official version of the code changes. The system is updated after the publication of the final rule on code changes in the Federal Register.

Media:	Diskette
File Cost:	\$265.00 per year
Periods Available	FY 1986 through FY 1996

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

29

July 1, 1996

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**MEDICAID**

<b>MEDICAID DRUG UTILIZATION BY STATE BY QUARTER</b>
--

The Medicaid Drug Utilization file contains State by State information on drug utilization by the Medicaid program. All drugs are identified by National Drug Code (NDC). The drug utilization is reported by individual drug products and includes the number of units of the drug that were reimbursed by the Medicaid program. The file also contains information on the number of prescriptions filled for each drug. No pricing data is included. The quarterly file consists of approximately 500,000 records and is continuously updated.

Media:	Tape/Cartridge
File Cost:	\$500.00 per quarter
Periods Available:	Calendar quarter beginning 1/91

<b>MEDICAID DRUG PRODUCT DATA</b>
-----------------------------------

The Medicaid Drug Product Data file contains the entire roster of drugs that are reimbursable under the Medicaid Drug Rebate program. All drugs are identified by National Drug Code unit type, the units per package, the product name, the Federal Drug Administration (FDA) approval date and the date the product entered the market. Also included are indicators for single or multiple source, RX or Over the Counter, Drug Efficacy Study Implementation (DESI) rating and the FDA Therapeutic Equivalency Rating. There are approximately 70,000 records in this file.

This file will be updated every calendar quarter on the first day of the quarter.

Media:	Tape/Cartridge
File cost:	\$500.00 per quarter



**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

July 1, 1996

<b>MEDICAID STATISTICAL FILE</b>
----------------------------------

The file contains the complete Form HCFA-2082, *Statistical Report on Medical Care; Eligible, Recipients, Payments and Services*, a report of Medicaid cost and utilization data that is submitted annually by States, territories, and the District of Columbia. The report summarizes data on Medicaid- eligible recipients, service utilization, and medical vendor payments on a federal fiscal year basis. All data are reported on the basis of individuals who receive medical care, rather than cases or families.

- Periods Available:
1. Fiscal Year 1989:  
Data for sections C through N are excluded for Rhode Island, Puerto Rico, Wyoming and Massachusetts' Blind Population.
  2. Fiscal Year 1990:  
Data for sections C through N are excluded for Puerto Rico, and Massachusetts' Blind Population.
  3. Fiscal Year 1991 and 1992:  
This is the first year for inclusion of Arizona's Medicaid data into the 1991 Medicaid database. Data for sections C through N are excluded for Rhode Island, Puerto Rico, and Massachusetts' Blind Population
  4. Fiscal Year 1993:  
Data for Sections C through N are excluded for Rhode Island and Puerto Rico.
  5. Fiscal Year 1994:  
Data for Sections C through N are excluded for Rhode Island and Puerto Rico.

Media: Tape/Cartridge (Recording Mode: SAS)  
File Cost: \$500.00 per year

<b>MEDICAID STATISTICAL FILE DISKETTE</b>
---

This file is based on information reported to HCFA by 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands. The information is reported on the Form HCFA 2082, *Statistical Report on Medical Care; Eligible Recipients, Payments, and Services*. These tables are provided as a public service. HCFA cannot guarantee the accuracy of the data that were obtained from State Medicaid agencies.

- A. Sections A and B Form HCFA 2082 are extracted for fiscal years 1987 through 1989.
- B. Sections A, B, and part of E and H (age, sex and race) of the Form 2082 are extracted for fiscal year 1990.

Media: Diskette  
File Cost: \$145.00 per year  
Periods Available: FY 1987 through FY 1990

- C. Sections A thru M of the Form HCFA 2082 are extracted except I, J and N for fiscal years 1991 and 1992.
- D. Sections A through L of the Form HCFA 2082 are extracted except I, J, M, and N for fiscal years 1993 and 1994.

Media: Diskette  
File Cost: \$190.00 per year

**PUBLIC USE FILES  
FILE DESCRIPTIONS AND PRICES**

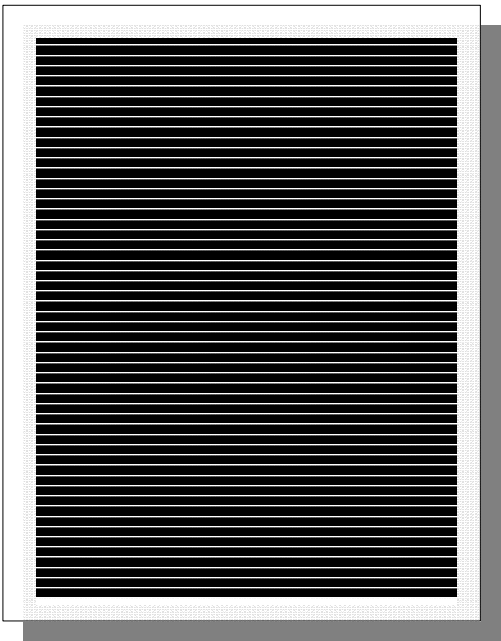
31

July 1, 1996

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Periods Available	FY 1991, FY 1992, FY 1993 & FY 1994
	1. ASCII print file of individual tables

*SECTION VII*  
**COPYRIGHT**



## Copyrighted material

Some material contained in certain Public Use Files is copyrighted by the American Medical Association (AMA) or the American Dental Association (ADA). Under the terms of the agreements between the Health Care Financing Administration (HCFA) and the AMA and the ADA, the copyrighted material may only be used for purposes directly related to participating in HCFA programs. Permission for any other use must be obtained from the AMA and/or the ADA.

Specifically, the 5-character numeric procedure codes and 2-character numeric modifiers (and the descriptors for both), which are used to report physicians' services on Medicare claims, are copyrighted by the AMA. They comprise the AMA's Current Procedural Terminology, Fourth Edition (CPT-4). The CPT-4 is available from the American Medical Association, 515 North State Street, Chicago, Illinois 60610 (telephone 1 (800) 621-8335). The 5-character alpha-numeric procedure codes beginning with D (and their descriptors), which reflect dental services, are copyrighted by the ADA. They comprise the ADA's Current Dental Terminology--Second Edition (CDT-2). The CDT-2 is available from the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611.

Because these codes are used on Medicare claims, some of the copyrighted codes and/or descriptors may appear in the following Public Use Files:

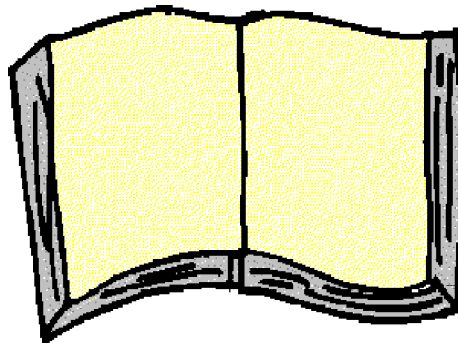
- HCFA Common Procedure Coding System (HCPCS) (Alpha-Numeric Portion)
- Ambulatory Surgical Center (ASC) Eligibility File
- HCPCS by Berenson-Eggers Type of Service (BETOS) Codes
- Clinical Laboratory Fee Schedule
- Annual Physician Fee Schedule Transition (National) File
- Annual Physician Fee Schedule Transition (Carrier) File
- Physician Fee Schedule Relative Value Unit (RVU) File
- Part B Procedure File
- Physician/Supplier Part B Standard Analytical File
- Outpatient Standard Analytic File

CPT-4 and CDT-2 codes and descriptors are not public property and must always be used in compliance with copyright law. Permission for any other use must be obtained from the AMA and/or the ADA, as appropriate.

***SECTION VIII***

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**ATTACHMENTS**



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- B. CURRENT PROCEDURAL TERMINOLOGY (CPT) & CURRENT ICD-9-CM
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- E. INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION CLINICAL MODIFICATION AND DATA FILE AND SOFTWARE FROM HCFA
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# **ATTACHMENTS**

## **OTHER AVAILABLE DATA**

The following information is furnished in response to frequent questions about other available data and data sources.

This data source is not furnished by the HCFA Public Use Files Area. Address your inquiries to the source as indicated.

HCFA REGIONAL OFFICES

- I. BOSTON REGIONAL OFFICE  
John F. Kennedy Federal Building  
Room 2325  
Boston, Massachusetts 02203-2200  
(617) 565-1258  
Connecticut, Maine, Massachusetts, New Hampshire, Rhode  
Island, Vermont
- II. NEW YORK REGIONAL OFFICE  
26 Federal Plaza, Room 3811  
New York, New York 10278-0063  
(212) 264-8289  
New Jersey, New York, Puerto Rico, Virgin Island
- III. PHILADELPHIA REGIONAL OFFICE  
3535 Market Street, Room 3100  
Philadelphia, Pennsylvania 19101-3363  
(215) 596-0571  
Delaware, District of Columbia, Maryland, Pennsylvania,  
Virginia, West Virginia
- IV. ATLANTA REGIONAL OFFICE  
101 Marietta Street, Suite 701  
Atlanta, Georgia 30323-2711  
(404) 331-0135  
Alabama, North Carolina, South Carolina, Florida,  
Georgia, Kentucky, Mississippi, Tennessee
- V. CHICAGO REGIONAL OFFICE  
105 West Adams, 15th Floor  
Chicago, Illinois 60603-6201  
(312) 353-0923  
Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
- VI. DALLAS REGIONAL OFFICE  
1200 Main Tower Building  
Room 2000  
Dallas, Texas 72502-4305  
(214) 767-6428  
Arkansas, Louisiana, New Mexico, Oklahoma, Texas
- VII. KANSAS CITY REGIONAL OFFICE  
New Federal Office Building  
601 East 12th Street, Room 235  
Kansas City, Missouri 64106-2808  
(816) 426-3539  
Iowa, Kansas, Missouri, Nebraska



HCFA REGIONAL OFFICES  
(continued)

- VIII. DENVER REGIONAL OFFICE  
Federal Office Building  
1961 Stout Street, Room 1185  
Denver, Colorado 80294-3538  
(303) 844-6136  
Colorado, Montana, North Dakota, South Dakota, Utah,  
Wyoming
- IX. SAN FRANCISCO REGIONAL OFFICE  
75 Hawthorne Street, 4th Floor  
San Francisco, California 94105-3903  
(415) 744-3614  
American Samoa, Arizona, California, Guam, Hawaii, Nevada
- X. SEATTLE REGIONAL OFFICE  
2201 Sixth Avenue  
Mail Stop RX 40  
Seattle, Washington 98121-2500  
(206) 553-0534  
Alaska, Idaho, Oregon, Washington

**1. CURRENT PROCEDURAL TERMINOLOGY (CPT)**

Published information on the CPT's can be obtained from the American Medical Association (AMA), Chicago, IL., 60610  
Telephone Number: 1-800-621-8335

**2. CURRENT ICD-9-CM**

HARDCOPY PRINT may be obtained from:  
MED-INDEX  
5225 Wiley Post Way  
Suite 500  
Salt Lake City, Utah 84116  
Telephone Number; 1-800-999-4618

## **Publications Inquiries and Documentation Requests**

Office of Operations Support  
Office of Research and Demonstrations  
7500 Security Boulevard - C3-11-07  
Baltimore, Maryland 21244-1840  
Hotline: (410) 786-6584  
Fax Number: (410) 786-5534

### **HCFA Medicare Publications**

Health Care Financing Administration  
Medicare Publication  
7500 Security Boulevard - N1-26-27  
Baltimore, Maryland 21244  
(410) 786-7843  
Fax Number: (410) 786-4786

### **Medicare Current Beneficiary Survey**

Health Care Financing Administration  
Office of the Actuary  
7500 Security Boulevard - N3-04-03  
Baltimore, Maryland 21244  
(410) 786-0068

### **HCFA Information Systems Development Guide (HISDG)**

Health Care Financing Administration  
BDMS-Office of Information Resource Management  
7500 Security Boulevard - N3-16-04  
Baltimore, Maryland 21244  
(410) 786-3021

### **Office of Health Care Information Systems**

Information Processing Board  
7500 Security Boulevard  
Baltimore, Maryland 21244  
Hotline (410) 786-3689

- a. Data User Reference Guide
- b. HCFA Statistics

**HCFA Common Procedure Coding System (HCPCS)**

1994 Data File: Item No. PB94-500154GEI (Non-CPT Portion)  
1995 Data File: Item No. PB95-500344 (Alpha-Numeric Portion)  
1996 Data File: Item No. PB96-500244GEI (Alpha-Numeric Portion)

Cost \$240.00

Media: 9-//track Tape or 3480 Cartridge, 1600BPI or 6250BPI,  
ASCII or EBCDIC

1996 HCPCS: Item No. PB96-500582  
Media: Diskette  
Address Request To: National Technical Information Service  
5285 Port Royal Road  
Springfield, Virginia 22161  
Cost: \$140.00

Telephone Number: (703) 487-4650  
Fax Number: (703) 321-8547

**HCFA Common Procedure Coding System (HCPCS)**

1994 Document Number: 017-060-00560-2 (Non-CPT Portion)  
1995 Document Number: 017-060-00575-1 (Alpha-Numeric Portion)  
1996 Document Number: 016-048486-3 (Alpha-Numeric Portion)

Cost \$16.00

Address Request To: Superintendent of Documents  
Government Printing Office  
732 North Capitol Street, N.W.  
Washington, D.C. 20401  
  
(202) 512-1800

**See Section VII: Copyright**



**International Classification of Diseases, 9th Revision. Clinical Modification, Fourth Edition. Volume 1, Disease Tabular List. Volume 2, Diseases Alphabetic Index**

*Prepared by the Public Health Service,  
Rockville, Md.*

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is based on the official version of the World Health Organization's 9th Revision, International Classification of Diseases (ICD-9-CM). ICD-9 is designed for the classification of morbidity and mortality information for statistical purposes, and for the indexing of hospital records by disease and operation, for data storage and retrieval. Historical background may be found in the Introduction to ICD-9. Volume 2 is the Alphabetic Index to Volume 1, Diseases: Tabular List, of the International Classification of Diseases, 9th Revision, Clinical Modification. The Alphabetic Index is an important supplement to the Tabular List since it contains many diagnostic terms which do not appear in Volume 1.

Order number PB92-173285NDT. \$182. Outside the U.S., Canada, and Mexico, the price is \$364.

**Attachment E**



**Datafiles and Software from HCFA**

*Prepared by the Health Care Financing Administration*

This product contains manuals, datafiles, and software from the Health Care Financing Administration. Available software includes Physician Claim Entry System, Medicare Code Editor, GROUPER, and PRICER. Some examples of datafiles are: Geographic Medicare Economic Index, HCFA Common Procedure Coding System, Hospital Data by Geographic Area for Aged Medicare Beneficiaries, and Refining the Malpractice Geographic cost Index.

To receive descriptions of these and other products from HCFA, call (703) 487-4650 and ask for free catalog PR-821NDT.

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# MEDICAID STATISTICS

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*Program and Financial Statistics  
Fiscal Year 1992*

## GENERAL QUESTIONS OR COMMENTS - PUBLICATION FORMAT OR CONTENTS

Roger Buchanan  
Medicaid Bureau  
Office of Medicaid Management  
Division of Program Performance  
Statistical Analysis Branch  
7500 Security Boulevard  
C4-13-01  
Baltimore, Maryland 21244-1840  
(410) 786-5903

Denise Franz  
Publication Coordinator  
(410) 786-3397

Additional copies of this document may be obtained by contacting the National Technical Information Services (NTIS). For your convenience, the NTIS Order Numbers are listed below for current and prior years.

1. FY1994 PB96125760
2. FY1993 PB94195120
3. FY1992 PB94100112
4. FY1991 PB93140754

NTIS Sales Desk: (703) 487-4650  
8:30 a.m. - 5 p.m. Eastern Time  
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2MB hard disk space

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Carrier QA Handbook  
Christian Science Sanatorium  
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Federal Qualified HMOs  
HMO/CMP  
Home Health Agency  
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Peer Review Organization  
Provider Reimbursement  
Regional Office  
Renal Dialysis Facility  
Rural Health Clinic and  
Federally Qualified Hlth  
Center  
Skilled Nursing Facility  
State Buy-in  
State Medicaid  
State Operations

CODE OF FEDERAL REGULATIONS

Title 42 (400 - 498)  
Medicare/Medicaid

SOCIAL SECURITY ACT

Title 11 PROs  
Title 18 Medicare  
Title 19 Medicaid

Updated Version through Daily  
Federal Register Final  
Rules and Correction Notices  
Annual Reprints for October 1,  
1991, 1992, 1993, 1994

OTHER

Program Memoranda  
Departmental Appeals  
Boards (DAB)  
Decisions

Title 42 (1000 - end) Public  
Health (annual reprints)  
Title 45 (1-499) Public  
Welfare (annual reprints)

Provider Reimbursement  
Review Board (PRRB)  
Decisions-FY 94 on  
Daily Federal Register  
Preambles 10-1-93 on



FEDERAL REGISTERNOTICES ON THE 1994 PHYSICIAN FEE SCHEDULE

Date of publication and availability of "Revision to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1994 (BPD-770-FC)" and "Physician Performance Standard Rates of Increase for Federal Fiscal Year 1994 and Physician Fee Schedule Update for Calendar Year 1994 (BPD-774-FNC)"

The referenced documents were published in the Federal Register on December 2, 1993. Copies of BPD-770-FC and BPD-774-FNC will be available in paper form and on personal computer diskettes from the U.S. Government Printing Office (GPO). To order paper copies of the Federal Register containing the documents, send request to:

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Pittsburgh, PA 15250-7954

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Copies of the source files for this document can also be purchased on high density 3.5-inch personal computer diskettes from the GPO by requesting Stock Number 069-001-00064-5. The file formats on the diskettes are Word Perfect 5.1, Lotus 123 (version 2.2) and dBase IV. The diskettes will be accompanied by the printed Federal Register document. The cost of the diskettes with paper copy is \$17.00.

National Listing of Medicare Providers Furnishing Kidney Dialysis and Transplant Services is now available from: Pub #017-060-00587-4

Superintendent of Documents  
Government Printing Office  
Washington, D. C. 20402

Telephone Number: (202)783-3238

Technical Contact  
Michael Collett  
(410) 786-6121

Release information on the Unique Physician Identification Number (UPIN)

This directory was published in 1991 with updated supplements published for 1992 through 1995. The current supplement covers All States. The stock number and prices are shown below.

1995 UPIN Directory Supplement	Stock #016048079-5	\$21.00
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To obtain a hardcopy contact:	United States Government Printing Office Superintendent of Documents 4th Floor, Stop SSM Union Center Plaza Washington, D.C. 20402 (202) 512-1800
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To obtain an electronic version (tape) contact:	United States Government Printing Office Electronic Products Sales Department P.O. Box 37082 Washington, D.C. 20402 (202) 512-1530
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Tape Specifications:	EBCDIC or ASCII 6250 BPI IBM Standard
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Record Layout:	General Data Descriptions File Descriptions
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Cost:	\$125.00
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Payment:	Check, VISA, or MasterCard credit cards
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